

# PICNIC SHELTER RESERVATION AGREEMENT

MEDOC MOUNTAIN STATE PARK  
1541 Medoc State Park Road  
Hollister, NC 27844  
Telephone (252) 586-6588 Fax (252) 586-1266

NAME OF INDIVIDUAL / GROUP: \_\_\_\_\_

NUMBER OF PARTICIPANTS EXPECTED: \_\_\_\_\_ (70 person capacity)

**\*\* Any larger group will require a Special Activity Permit\*\***

DATE DESIRED (list alternate): \_\_\_\_\_ 1st choice

\_\_\_\_\_ 2nd choice

**I certify that I am authorized to act for the above named applicant and that said applicant will be responsible for adhering to all park's rules and regulations.**

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

(Day)

(Night)

**APPLICATIONS FOR SHELTER RESERVATIONS WILL BE ACCEPTED ONLY DURING THE SAME CALENDAR YEAR AS THE RESERVATION.**

- Full payment must accompany this application.
- Make checks payable to Medoc Mountain State Park.
- A twenty-five dollar (\$25.00) processing fee will be charged for all returned checks.

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## OFFICE USE ONLY

**APPROVED BY:** \_\_\_\_\_

**RENTAL FEE RECEIVED:** \$ \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

## PICNIC SHELTER RESERVATION AGREEMENT (Contd.)

### **Park Hours:**

March & October 8:00 a.m. to 7:00 p.m.  
April, May & Sept. 8:00 a.m. to 8:00 p.m.

June, July, & August 8:00 a.m. to 9:00 p.m.  
November – February 8:00 a.m. to 6:00 p.m.

**Cost of Shelter:** \$60.00 per day (with six (6) tables)

1. Payment must be made in full at the time of the reservation, either in person or by mail, at least seven (7) days in advance of the requested reservation date.
2. The renting party must be out of the park at the specified park closing time.
3. There is no electricity at the shelter.  
**(GENERATORS ARE NOT PERMITTED)**
4. Amplified speech or loud music is not allowed.
5. All vehicles must remain in the parking lot.
6. **ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN THE PARK.**

**Canceling a Reservation:** The request must be made by the person making the original reservation and must be made seven (7) days prior to the requested reservation date. The request must be in writing and must include the copy of the original receipt, the date, and the name and social security of the requestor.

**Refunds:** We will deduct a service charge in the amount of \$5.00 for each refund requested.

**YOUR COOPERATION IS APPRECIATED AND WILL HELP US TO PRESERVE THE UNIQUE  
NATURAL RESOURCES OF MEDOC MOUNTAIN STATE PARK. WE HOPE YOU HAVE A SAFE  
AND ENJOYABLE VISIT.**

**INITIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_